GARFIELD PUBLIC SCHOOLS

ANNA SCIACCA
SUPERINTENDENT OF SCHOOLS

34 OUTWATER LANE, GARFIELD, NEW JERSEY 07026
973-340-5000
FAX 973-340-4620

Dear Parent/Guardian:

As you may know, our school is participating in a new federal program available to select schools as part of the National School Lunch Program called the Community Eligibility Provision (CEP). Our participation means that all students attending James Madison School #10 are eligible to receive breakfast and lunch at no charge throughout the current school year. Therefore, families will not need to complete the federal form, "Application for Free or Reduced Price Meals or Free Milk." However, other educational programs funded by the State of New Jersey require that our school collect similar household information for all students.

In order to collect the information for the State, the New Jersey Department of Education has developed a Household Information Survey. Please take a moment to complete this form and return it to your child's school. Your participation is essential in order for us to provide the Department of Education with the information it needs to ensure our school will continue to receive critical state funding.

The surveys must be received no later than *October 1st*. They should be returned as early as possible, and without marks or cross-outs. Additional information and surveys are available using the following link: http://www.state.nj.us/education/finance/cep/.

If you need assistance, please contact us (973)340-5000 EX 2301

Thank you in advance for your cooperation in this important matter.

Sincerely,

Anna Sciacca

Superintendent of Schools

# New Jersey Department of Education

## Household Information Survey 2021–2022

County: District: School:

Please complete, sign, and return this form to your child's school.

**Part A. Household Members**

Fill in the information for every person living in your household (adults & children). For help determining who should be included in the household, see instructions on the second page.

| List all who live in the household: Names (*Last Name, First Name*) | Date of Birth XX-XX-XXXX | Name of School the Student Attends (if applicable) | Grade Level | Student Information (mark as applicable) | | | |
|---|---|---|---|---|---|---|---|
| | | | | Migrant | Homeless | Foster | In Head Start |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |

* **If household size is greater than 8**, list additional household members on a separate paper, and **follow special instructions in Part C**.

**Part B. Benefits Received (if applicable)**

1) If anyone in the household receives FDPIR, TANF, or SNAP, check the appropriate box(es): ☐FDPIR ☐TANF ☐SNAP
2) If you checked a box, write the full name (Last, First) and 10-digit case number of any one person receiving the benefit and skip to Part D.

Name:_____ Case #:_____

**Part C. Household Size and Gross Income (before deductions).** For help determining your annual income, see page 2 of the survey.

- Households with 8 or fewer people: Check a box below for the Annual Income Range that reflects your total annual household income.
- If Household Size is greater than 8, DO NOT check an income range, but follow the special instructions below boxes 1 through 17.

**Annual Household Income Ranges***

| | | | |
|---|---|---|---|
| 1. ☐ $0 - $16,744 | 5. ☐ $28,549 - $32,227 | 9. ☐ $40,627 - $46,254 | 13. ☐ $57,425 - $58,058 |
| 2. ☐ $16,745 - $22,646 | 6. ☐ $32,228 - $34,450 | 10. ☐ $46,255 - $49,025 | 14. ☐ $58,059 - $65,823 |
| 3. ☐ $22,647 - $23,828 | 7. ☐ $34,451 - $40,352 | 11. ☐ $49,026 - $52,156 | 15. ☐ $65,824 - $74,222 |
| 4. ☐ $23,829 - $28,548 | 8. ☐ $40,353 - $40,626 | 12. ☐ $52,157 - $57,424 | 16. ☐ $74,223 - $82,621 |
| | | | 17. ☐ $82,622+ |

* **Special Instructions for households with more than 8 people:** DO NOT check the boxes above. Instead, fill in items below:

Household size (# people):_____ Total annual Income: $_____

**Part D: Certification** - The head of household or adult designee who completed this form must complete this certification section.

I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

Sign Here: X_____ Print Name:_____ Date:_____

Last Four (4) Digits of Social Security Number (Optional): XXX-XX-__-__-__-__ (may be used to verify the accuracy of the information provided)

Address:_____ City:_____ Zip:_____

Home Phone:_____ Work Phone:_____ Email (optional):_____

Do **NOT** fill out this section. This is for school use only.

Status: F☐ R: ☐ N: ☐

Reason for ineligibility:

Determining Official's Signature:_____ Date:_____

Confirming Official's Signature:_____ Date:_____

# New Jersey Department of Education

## Household Information Survey

This survey is used to determine eligibility for state benefits for which your child(ren)'s school may qualify. Please complete, sign, and return this form to your child's school.

**Part A: Who should I include in "Household"?**

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (they do not share income with you/your children and they pay a share of the expenses), do not include them.

**Part B: What are benefits received?**

- **TANF**: NJ's Temporary Assistance for Needy Families (WorkFirst NJ)
- **SNAP**: Supplemental Nutrition Assistance Program (formerly food stamps)
- **FDPIR**: Food Distribution Program on Indian Reservations

**Part C: What is included in "Annual Household Income"?**

Annual Household Income includes the following:

- **Gross earnings from work**: Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or, if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony**: Include the total amount everyone in your household receives from these sources. Do *not* include SNAP or FDPIR payments.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits**: Include the amount everyone in your household receives from these sources.
- **All Other Income**: Include for everyone in the household: worker's compensation, unemployment or strike benefits, rental income, interest and dividends, regular contributions received from others who do not live in your household, and any other income received. Do *not* include income from WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay**: Include off-base housing allowances, and food or clothing allowances. Do *not* include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay**: Include overtime pay ONLY if it is received on a regular basis.

How do I calculate total household income received from multiple sources and/or on a weekly, every two weeks, twice a month, or monthly basis?

1) Annualize pay for each source of income based on the above definitions for every household member.
   a. Use the table below to convert your pay to an Annual Income amount.

| Frequency of payment | Annual Income Conversion Amount |
|---|---|
| Weekly | = 52 × weekly gross (not take-home) income |
| Bi-Weekly (every two weeks) | = 26 × bi-weekly gross (not take-home income) |
| Twice per Month | = 24 × gross (not take-home) amount received twice per month |
| Monthly | = 12 × monthly gross (not take-home) income |

2) Add together the annualized pay from every person in the household for the total annual household income for Part C.

3) If your household has 8 or fewer people, check the box that shows the range for your total income. If your household has more than 8 people, do not check a box; instead, write household size and total annual household income in the space provided.

If your income fluctuates, include the wages/salary that you regularly receive. For example, if you normally make $1,000 each month, but you missed some work last month and made $900, use $1,000/month as the basis for your annual income. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

Additional information about this survey is available at: http://www.nj.gov/education/finance/cep/.

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Letter to Households in Schools/Districts Participating in
**Community Eligibility Provision**

Dear Parent or Guardian:

We are pleased to inform you that _____

school(s)/district will be participating in the Community Eligibility Provision (CEP) to provide **free meals to all students during the 2021-2022 academic school year.**

All enrolled students of _____

implementing CEP are eligible to receive a healthy breakfast and lunch at school at **no charge** to your household each day of the 2021-2022 academic school year.

This letter is to inform you that your child(ren) will be able to participate in these meal programs without having to pay a fee or submit an application.

You may be asked to complete a Household Information Survey. Your participation is essential in order for us to provide the Department of Education with the information it needs to ensure our school/district will continue to receive critical state funding. Additional information and surveys can be found at the following link: http://www.state.nj.us/education/finance/cep/.

If you have any questions, please contact us at: _____

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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or .

(3) email: program.intake@usda.gov.

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## SHARING INFORMATION WITH MEDICAID or NJ FAMILYCARE

Dear Parent/Guardian:

If your children get school meals at no cost, they may also be able to get free or low-cost health insurance through Medicaid or NJ FamilyCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and NJ FamilyCare that your children are eligible for free meals, *unless you tell us not to.*** Medicaid and NJ FamilyCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Being eligible for free school meals does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or NJ FamilyCare, fill out the form below and send in (Sending in this form will not change whether your children get free meals).

---

O **No! I DO NOT** want my information shared with Medicaid or the State Children's Health Insurance Program (NJ FamilyCare)

**If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:**

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Address: _____

Return this form to your child's school, ONLY if you do NOT wish your information to be shared with Medicaid or NJ FamilyCare.

## SHARING INFORMATION WITH MEDICAID or NJ FAMILYCARE

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or NJ FamilyCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and NJ FamilyCare that your children are eligible for free or reduced price meals, *unless you tell us not to*.** Medicaid and NJ FamilyCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or NJ FamilyCare, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

---

❑ **No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program (NJ FamilyCare)

**If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:**

Child's Name: _____School:_____

Child's Name: _____School:_____

Child's Name: _____School:_____

Child's Name: _____School:_____

Signature of Parent/Guardian: _____Date: _____

Printed Name:_____ Address:_____

Return this form to your child's school, ONLY if you do NOT wish your information to be shared with Medicaid or NJ FamilyCare.